



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

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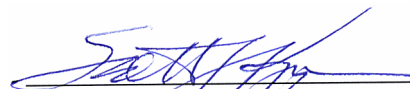
Bulletin 13-003

May 10, 2013

Guidance Pertaining to the Filing of Health Benefit Plans and Pediatric Dental Coverage

Section 1302 of the Patient Protection and Affordable Care Act (ACA) [42 U.S.C. 18022] requires that all applicable health benefit plans offer a package of ten Essential Health Benefits (EHB), one of which is coverage for pediatric services, including oral and vision care. On March 27, 2012, the Center for Consumer Information and Insurance Oversight (CCIIO), a division of the Center for Medicare and Medicaid Services (CMS), issued regulation CMS-9989-F which adopted 45 C.F.R. 155.1065 allowing qualified health plans (QHP) offering products on an insurance exchange to not cover the pediatric dental EHB if a stand-alone dental plan was certified to be offered on the exchange and the stand-alone dental plan offered services sufficient to meet the pediatric dental EHB.

The Division of Insurance is in receipt of communications from CCIIO which indicate that benefit riders, both optional and mandatory, may not be used to meet the requirements of any EHB, including pediatric services such as dental or vision. The Division of Insurance will only accept product filings for health benefit plans that meet the requirements for EHB in accordance with the guidance from CCIIO. Insurers have the option of meeting the pediatric dental EHB by embedding the benefit (either proprietary or contracted) in the health benefit plan, by not embedding the benefit in the health benefit plan (necessitating a purchase of a stand-alone policy for applicable children), or by offering the health benefit plan with embedded and not embedded plan variations. This policy applies to all health benefit plans sold in the State of Nevada on or after October 1, 2013, with effective dates on or after January 1, 2014.


SCOTT J. KIPPER
Commissioner of Insurance